

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13587  
REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5275 Registrar's No. 32

FILED MAY 4 1953

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Florida</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Wayland Dist. 1 township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Eglin Field, USAF</u> <u>8890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>No street number</u> <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pfc Robert</u> b. (Middle) <u>(none)</u> c. (Last) <u>Kern</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 6, 1930</u>
9. AGE (In years last birthday) <u>23</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>US Air Force</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>USAF</u>	
11. BIRTHPLACE (State or foreign country) <u>Burlington, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. Frederick J. Kern</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Van Beek</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes On active duty</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stanley M. Kern, Burlington, Ia.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>USA</u> <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed skull</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auto accident</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8161</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Apr. 29 1953 2:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>auto-truck sideswipe</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ermy S. Burton</u> (Degree or title)		23b. ADDRESS <u>Rahoka, Mo.</u>	
23c. DATE SIGNED <u>4-29-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 1 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Aspen Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Burlington, Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B.A. Prugh &amp; Son Burlington Iowa</u>	
DATE REC'D BY LOCAL REG. <u>51-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Jul 14 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. L. Luttinger

Licensed Embalmer No. 2965-

P. O. Address urray

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.